

HARVARD VANGUARD MEDICAL ASSOC  
P.O. BOX 415432

BOSTON, MA 02241-5432

12 20 09

35242

800-898-7980

JAMES L ROLLINS  
P.O. BOX 3932

HARVARD VANGUARD MEDICAL ASSOC  
P.O. BOX 415432

ATTLEBORO, MA 02703

BOSTON, MA 02241-5432  
Tax ID#: 043397450

10.00

CLAIM#117 (Continued)

08/21/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF	-10.00
		[COPAYMENT AMT DUE]	
07/17/08	M476 99051	OFFICE SVC DURING REGUL*	0.00
		Claim Balance Due*****	0.00

CLAIM#118

For the Amount of :	10.00		
Billed To: HPHC-FI		On	08/17/08
For the Amount of :	10.00		
Billed To: PATIENT		On	09/27/09

PATIENT: 955973 - ROLLINS, JAMES L

08/12/08	3835 99244	OFFICE CONSULT	581.00
08/12/08	1053	CAPITATION ADJ	-571.00
09/19/08	1068	PAYMENT (HPHC)	0.00
09/28/09	2135	BD WRITE-OFF	-10.00
		[COPAYMENT AMT DUE]	
		Claim Balance Due*****	0.00

CLAIM#119

For the Amount of :	0.00		
Billed To: HPHC-FI		On	09/17/08

PATIENT: 955973 - ROLLINS, JAMES L

09/11/08	6613 29881	KNEE SCOPE, MED OR LAT M*	2538.00
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BOSTON, MA 02241-5432  
Tax ID#: 043397450

10.00

CLAIM#119 (Continued)

09/11/08	1053	CAPITATION ADJ	-2538.00
10/15/08	1068	PAYMENT (HPHC)	0.00
09/11/08	6613 29879	KNEE SCOPE, ABRASN ARTHR*	2566.00
09/11/08	1053	CAPITATION ADJ	-2566.00
10/15/08	1068	PAYMENT (HPHC)	0.00
		Claim Balance Due*****	0.00

CLAIM#120

For the Amount of : 0.00

Billed To: HPHC-FI

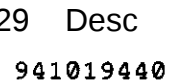
On 10/22/08

PATIENT: 955973 - ROLLINS, JAMES L

10/16/08	121* 99212	OFFICE VISIT	136.00
10/16/08	1014	PAYMENT (PT/CASH)	-10.00
10/16/08	1053	CAPITATION ADJ	-126.00
11/19/08	1068	PAYMENT (HPHC)	0.00
		[HPHC CAPITATION ADJUS*]	
10/16/08	121* 81002	LAB SERVICES	13.00
10/16/08	1053	CAPITATION ADJ	-13.00
11/19/08	1068	PAYMENT (HPHC)	0.00
		[INCLUSIVE (HPHC)]	
10/16/08	121* 99051	OFFICE SVC DURING REGUL*	0.00
10/16/08	121* 87086	LAB SERVICES	33.00
10/16/08	1053	CAPITATION ADJ	-33.00



# **MASS GENERAL HOSPITAL**



PAGE  
1


84548 (4/08)



# **MASS GEN'L PHYSICIANS ORG**

AMOUNT DUE AMOUNT PAID DUE DATE BILL DATE

☐ Please check here when completing change of address or insurance information on reverse side

Charge my ☐  ☐  ☐ 

Make checks payable to: MASSACHUSETTS GENERAL PHYSICIANS ORGANIZATION

PATIENT NAME: 1000111111111111

ACCOUNT NUMBER: 123456789

DATE	DESCRIPTION OF SERVICES	PHYSICIAN NAME	CHARGES	PAYMENTS/ADJUSTMENTS	YOUR BALANCE
02/01/2008	ED VISIT, LEVEL 3, MODERATE ME	MILNE MD, LISLI	233.00		0.00
02/01/2008	RAD EXAM, KNEE, COMPLETE, 4+ VI	ROSSIE MD, CONR	46.00		0.00
02/03/2008	MRI, ANY JOINT, LOWER EXTREMITY	KATTAPURAM MD,	2140.00		0.00
02/05/2008	RAD EXAM, CHEST, 2 VIEWS, PRON	LUEWELLYE MD, J	39.00		0.00
05/10/2008	CARDIOVASCULAR STRESS TEST W/	FORANAR MD, CTE	172.00		0.00
05/03/2008	ED VISIT, LEVEL 3, HIGH PRIORITY	LOWEY MD, DAVID	563.00		0.00
05/10/2008	OBSTETRIC HOSP CARE, ADJUTANT	LOWEY MD, DAVID	759.00		0.00
05/09/2008	RAD EXAM, CHEST, 2 VIEWS, PRON	LAURISON MD, JF	39.00		0.00
05/10/2008	ELECTROCARDIOGRAM, ROUTINE W/	Z. REAH MD, RAND	40.00		40.00
05/09/2008	ELECTROCARDIOGRAM, ROUTINE W/	ROSENFELD MD,	40.00		40.00

I hereby certify that I am a duly authorized agent of the Massachusetts General Physicians Organization, Inc., Boston, Massachusetts and that the charges of services rendered to James were fair and reasonable. Subscribed to and sworn under the pain and penalties of perjury the 30th day of June 2008

By:

Title:

DATE	TOTAL CHARGES	PAYMENTS/ADJUSTMENTS	PLEASE PAY THIS AMOUNT ▶
06/07/2008	0.00		40.00

▲ PAYMENT RECEIVED AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT





# **BRIGHAM & WOMEN'S HOSPITAL**




BRIGHAM AND  
WOMEN'S HOSPITAL

Date 05-27-08

Dear Attorney, Gilbert 1401

Enclosed are the billing statements you requested.

Should you have any questions please do not hesitate to contact me

Yours truly, 

Diana Volpe  
617-724-8344

Patient Accounts Department  
529 Main Street, Suite 410  
Charlestown, MA 02129-1141



A Teaching Affiliate  
of Harvard Medical School

Member of  PARTNERS HealthCare

NOTE: CERTAIN PHYSICIANS' CHARGES ARE  
 NOT BILLED WITH YOUR HOSPITAL CHARGES.  
 YOU MAY RECEIVE A SEPARATE BILL FOR  
 PHYSICIANS' SERVICES/CHARGES.

WE ACCEPT    
 MAKE CHECKS PAYABLE TO:  
 BRIGHAM AND WOMEN'S HOSPITAL

Page: 1

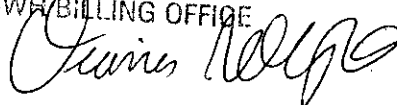
SEND PAYMENTS TO:

JAMES ROLLINS  
 P.O. BOX 3932  
 SOUTH ATTLEBORO, MA 02703

BRIGHAM AND WOMEN'S HOSPITAL  
 P.O. BOX 3714  
 BOSTON, MA 02241-3714

PATIENT NAME: ROLLINS, JAMES		MEDICAL RECORD NO: 07300288	
DESCRIPTION OF SERVICES	CHARGES	PAYMENTS/ADJUSTMENTS	YOUR BALANCE
LOCATION: OUTPATIENT: Service date: 03/16/08 Statement No. 191813021			
ED LEVEL B	\$401.00		
ED EVAL & MGMT LEVEL 3	\$ .00		
TYLENOL 500MG CAPLET U/D	\$ .34		
IBUPROFEN 600MG TAB (U/D)	\$ .42		
Total Charges			\$401.76
INFORMATION REQUESTED-AUTO LIABILITY		\$ .00	
CONTR ADJUST/ANY INSURANCE		\$ .00	
FIN CLASS CHGD TO SEC		\$ .00	
Total Payments/Adjustments			\$ .00
Balance, Statement #: 191813021			\$401.76

I hereby certify that the above are fair  
 and reasonable charges for the  
 services rendered. Signed under the  
 pains and penalties of perjury this  
 27 day of MAY 20 08  
 DIANA VOLPE  
 BWH BILLING OFFICE



Primary Insurance: HARVARD PILGRIM HMO

Secondary Insurance:

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT



# **BRIGHAM & WOMEN'S PHYSICIAN ORG**



**BRIGHAM AND WOMEN'S  
PHYSICIANS ORGANIZATION**

*Excellence and innovation in academic medicine*

Brigham and Women's  
Physicians Organization  
Department of Medicine  
111 Cypress Street  
Brookline, MA 02445  
(617) 582-1100 Fax: (617) 739-1226

**AFFIDAVIT**

The Brigham and Women's Physician Organization, Department of Medicine is a facility licensed under the laws of the Commonwealth of Massachusetts. The attached is/are true and accurate copy(ies) of our medical bill(s) relating to JAMES ROLLINS

Submitted by Thomas Brodeur, records custodian.

A handwritten signature in cursive script, appearing to read 'Tom Brodeur', is written over a horizontal line.

Thomas Brodeur

A handwritten date '6/3/08' is written in cursive script over a horizontal line.

Date

These documents contain confidential patient information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or the entity named above. The authorized recipient of the patient information is prohibited from disclosing the information to any other party. If you have received this document in error, please notify the sender immediately and destroy the information that was sent in error.



**HARVARD  
MEDICAL SCHOOL**  
*TEACHING AFFILIATE*

BRIGHAM AND WOMEN'S/FAULKNER HOSPITALS

Member of the **PARTNERS** HealthCare System

# STATEMENT OF ACCOUNT

BWPO-DBA DEPT OF EMERGENCY MEDICINE  
PO BOX 414891  
BOSTON, MA 02241-4891  
  
617-732-7073

JAMES ROLLINS 07300288  
P.O. BOX 3932  
SOUTH ATTLEBORO, MA 02703

PAYMENT INFORMATION	
STATEMENT DATE	05/30/08
DATE OF LAST PAYMENT	
AMOUNT OF LAST PAYMENT	0.00
TOTAL BALANCE	590.00
PLEASE PAY THIS AMOUNT ▶▶▶▶	590.00

THANK YOU FOR HAVING CHOSEN US FOR YOUR HEALTH CARE SERVICES. PAYMENT IN FULL IS EXPECTED WITHIN 30 DAYS. INSURANCE CLAIMS ARE CONSIDERED REJECTED IF NOT PAID WITHIN 45 DAYS. THESE CHARGES MAY NOT INCLUDE ALL PHYSICIAN OR PROFESSIONAL SERVICES.

DATE	PHYSICIAN	DESCRIPTION OF SERVICE	CHARGE	PAYMENTS		LINE ITEM BALANCE
				INSURANCE	PATIENT	
03/16/08	WITTELS	99283 EMERGENCY DEPT VISIT, E&M	233.00			
04/30/08		HPHC PYMT/ADJUST		0.00		
05/06/08	SCHUUR	99284 EMERGENCY DEPT VISIT, E&M	357.00			

## ADDITIONAL INFO NEEDED

TO INSURE PROPER CREDIT, DETACH AND RETURN THIS PORTION IN THE ENCLOSED ENVELOPE. BE SURE ADDRESS SHOWS THROUGH THE WINDOW.

☐ Please check box if you have a new address. Please indicate your new address on the back of this statement in the defined area.

PATIENT NAME	JAMES ROLLINS	05/30/08
ACCOUNT NUMBER	07300288	
PLEASE PAY THIS AMOUNT	590.00	
DISCOUNT AMOUNT DUE IF APPLICABLE		

AMOUNT ENCLOSED \$ \_\_\_\_\_

642105A

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

CHECK CARD USING FOR PAYMENT

☒ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER \_\_\_\_\_ AMOUNT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ EXP. DATE \_\_\_\_\_

## MAKE CHECK PAYABLE & REMIT TO:

BWPO-DBA DEPT OF EMERGENCY MEDICINE  
PO BOX 414891  
BOSTON, MA 02241-4891  
617-732-7073





# Faulkner Hospital

FAULKNER HOSPITAL  
1153 CENTRE STREET  
BOSTON MA 02130

1

FINAL

ROLLINS, JAMES

23601656

09/11/08

11/20/08

ROLLINS, JAMES  
8 SHABAZZ WAY  
BOSTON MA 02119

HARVARD PILGRIM HEALT HP113408001

250 PHARMACY GENERAL	11	127.61
270 M/S SUPPLY GENERAL	3	1010.39
272 M/S SUPPLY STERILE SUPPLY	2	84.00
360 OR SVCS GENERAL	9	3313.00
370 ANESTHESIA GENERAL	6	455.00
710 RECOVERY ROOM GENERAL	3	954.00
RECEIPTS, ADJUSTMENTS, ETC.	2	-5944.00

BENEFITS ASSIGNED TO THE FAULKNER HOSPITAL  
I CERTIFY THAT THE ABOVE BILLS, RECORDS AND/OR  
REPORTS CONCERNING NECESSARY SERVICES RENDERED  
TO BE TRUE AND COMPLETE AND THAT THE CHARGES  
THEREFORE ARE FAIR AND REASONABLE  
SUBSCRIBED AND SWORN TO UNDER THE PAINS AND  
PENALTIES OF PERJURY THIS 25 DAY  
OF January 2009

  
\_\_\_\_\_  
AUTHORIZED AGENT AND/OR  
PERSON IN CHARGE

23601656

5944.00  
-5944.00  
0.00

# **BOSTON MEDICAL CENTER**



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

**Documents Review Report****ROLLINS, JAMES****H ED Urgent Care  
DSC****51y M  
12-Aug-1956****MAHERAS, STYLIANOS  
3574262/159659176****Jan-28-2008 20:19****ED Documents****REC'D FROM ED SYSTEM (Interface)**DEPARTMENT OF EMERGENCY MEDICINE  
FINAL RECORDPATIENT NAME: Rollins, James  
MRN#: 3574262 DOB: 08/12/1956  
ACCOUNT NUMBER: 159659176TRIAGE DATE/TIME: 01/28/2008 20:19  
DISCHARGE DATE/TIME: 01/29/2008 22:58

COMPLAINT: rle injury

TRIAGE (Mon Jan 28 2008 20:19 JKAL)

PROVIDERS: TRIAGE NURSE: Joan Kalaher, RN.

PREVIOUS VISIT ALLERGIES: No known drug allergies.

ADMISSION: URGENCY: 4-Express Care, TRANSPORT: Ground Ambulance (Boston  
EMS), DEPT: Urgent Care, BED: WAIT-RM.

VITAL SIGNS: BP 133/81, Pulse 80, Resp 16, Temp 97.9, O2 Sat 97.

COMPLAINT: rle injury.

HISTORY OF PRESENT ILLNESS: 51 yo male with c/o r knee pain after tripping  
at circuit city and falling onto r knee.PAIN ASSESSMENT: Triage assessment performed, Pain level 9, using numeric  
pain scoring.

VITAL SIGNS (Mon Jan 28 2008 20:19 JKAL)

VITAL SIGNS: BP: 133/81, Pulse: 80, Resp: 16, Temp: 97.9, O2 sat: 97.

MEDICATION ADMINISTRATION SUMMARY (Tue Jan 29 2008 22:58)

:

Drug Name: Ultram, Dose: 50 mg , Route: PO, Status: Given, Ordered: 22:01  
01/28/2008, Detailed record available in Medication Service section.

MEDICATION SERVICE (22:01 CSAF)

Ultram: Order: Ultram : 50 mg : PO

Time: to go

Ordered: Mon Jan 28 2008 22:01

Ordered by: Clara Safi, NP

Entered by: Clara Safi, NP Mon Jan 28 2008 22:01

Acknowledged by: Kathy Egan Conroy, RN Mon Jan 28 2008 22:08

Documented as given by: Kathy Egan Conroy, RN Mon Jan 28 2008 22:25

MEDICATION , Given in amount and via route as prescribed, Correct  
patient, time, route, dose and medication confirmed prior to  
administration, Patient advised of actions and side-effects prior to  
administration, Allergies confirmed and medications reviewed prior to  
administration, instr in safe use.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

## Documents Review Report

**ROLLINS, JAMES**

**H ED Urgent Care  
DSC**

**51y M  
12-Aug-1956**

**MAHERAS, STYLIANOS  
3574262/159659176**

**Jan-28-2008 20:19**

**ED Documents**

**REC'D FROM ED SYSTEM (Interface)**

**(cont.)**

### KNOWN ALLERGIES

No known drug allergies.

**CURRENT MEDICATIONS:** No Documented Medications

### PAST MEDICAL HISTORY

**MEDICAL HISTORY** (Mon Jan 28 2008 20:19 JKAL): History of diabetes, That is currently treated with an oral medication, History of pulmonary disease, including tuberculosis, which is being treated, w INH, CXR negative.

**SURGICAL HISTORY** (Mon Jan 28 2008 20:19 JKAL): Patient's previous surgical history is not relevant to the case.

**SOCIAL HISTORY** (Mon Jan 28 2008 20:19 JKAL): Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse.

**FAMILY HISTORY** (Mon Jan 28 2008 20:19 JKAL): Family history is not contributory to this case.

**NOTES** (Mon Jan 28 2008 20:19 JKAL): Nursing records reviewed.  
(21:55 CSAF): Nursing records reviewed, Agree with nursing records, Medication list reviewed.

### NURSING PROCEDURE: SPLINTING (22:01 IBEN)

**TIME:** Knee immobilizer applied, 6 inch ace wrap applied to area, Tall crutches given.

### HPI REGION KNEE (21:55 CSAF)

**TIME:** Patient assessed at: 2145.

**CHIEF COMPLAINT:** Patient presents for the evaluation of right, knee injury, knee swelling, knee pain.

**HISTORIAN:** History obtained from patient.

**ASSOCIATED WITH:** Patient states inability to ambulate/bear weight is present, Patient denies pain on walking, Patient denies hip pain, Patient states knee pain is present, Patient denies ankle pain, Patient denies foot pain, Patient denies distal neuro c/o, Patient denies proximal injury, Patient denies distal injury.

**NOTES:** 51 y.o. male, BIB ambulance, c/o r. knee pain s/p trip, twist r. knee, felt a snap and fall 1 hour PTA, landed on r. knee, unable to wt bear since. Denies any other injuries. No head trauma, no LOC, no neck/back/chest/abd. pain. denies prior r. knee injuries. .

### ROS (21:56 CSAF)

**CONSTITUTIONAL:** Negative constitutional review of systems.

**MUSCULOSKELETAL:** Historian reports fall, Historian reports injury, No neck pain, No back pain.

**SKIN:** Negative skin review of systems.

**NEUROLOGIC:** Negative neurologic review of systems.

### PHYSICAL EXAM (21:57 CSAF)



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

**Documents Review Report****ROLLINS, JAMES****H ED Urgent Care  
DSC****51y M  
12-Aug-1956****MAHERAS, STYLIANOS  
3574262/159659176**

Jan-28-2008 20:19

ED Documents

REC'D FROM ED SYSTEM (Interface)

(cont.)

CONSTITUTIONAL: Vital signs reviewed, Well appearing, Patient appears comfortable, Alert and oriented X 3.

HEAD: Atraumatic, Normocephalic.

LOWER EXTREMITY: RIGHT knee to have, no deformity, no ecchymosis, no lacerations, no hematoma, no erythema, no warmth, negative anterior drawer test, negative drawer test, negative McMurray's test, negative Apley's test, distal pulse intact, capillary refill less than 2 seconds, distal motor intact, distal sensory intact, Swelling noted, anteriorly, Tenderness to palpation, of lateral knee, of medial knee, Active range of motion, causes pain, Passive range of motion, causes pain, able to SLR  
wt bearing with limp  
no patellar or fib head tenderness  
+ mild laxity on Lachman test  
mild diffuse swelling, small effusion.

**ORDERS**

Knee - Min 4 Views by JKAL for WFER on Mon Jan 28 2008 20:20 Status: Done  
Mon Jan 28 2008 22:18.

(TECH) ACE WRAP by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done by  
IBEN Mon Jan 28 2008 22:00.

(TECH) Crutches by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done by  
IBEN Mon Jan 28 2008 22:00.

(TECH) Splint-Leg by CSAF for CSAF on Mon Jan 28 2008 21:58 Status: Done  
by IBEN Mon Jan 28 2008 22:00.

ATTENDING (22:00 CSAF)

CHART FINALIZATION: This chart is complete and final.

DIAGNOSIS (22:01 CSAF)

FINAL: PRIMARY: R. Knee Sprain, ADDITIONAL: .

**DISPOSITION**

PATIENT (22:01 CSAF): Disposition: .Discharge, Condition: Stable.

(22:48 CSAF): Remove from ER.

**PRESCRIPTION (22:01 CSAF)**

Ibuprofen: Tablet : 600 mg : Oral=Quantity: \*\*\*1\*\*\* Unit: tab Route: Oral  
Schedule: Four Times a Day Dispense: \*\*\*30\*\*\*.

NOTES: Take one tablet every 6 hours for 3 days, then as needed every 6 hours for pain, with food, no alcohol.

Ultram: Tablet : 50 mg : Oral=Quantity: \*\*\*1\*\*\* Unit: tab Route: Oral  
Schedule: Every 4 Hours as Needed Dispense: \*\*\*10\*\*\*.

NOTES: As needed for severe pain. Take with food. NO ALCOHOL. No driving.  
Can make you drowsy.



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

**Documents Review Report****ROLLINS, JAMES****H ED Urgent Care  
DSC****51y M  
12-Aug-1956****MAHERAS, STYLIANOS  
3574262/159659176****Jan-28-2008 20:19****ED Documents****REC'D FROM ED SYSTEM (Interface)****(cont.)**

ADMIN (Tue Jan 29 2008 22:56 CSAF)  
DIGITAL SIGNATURE: Safi,NP, Clara.

**KEY:**

CSAF=Safi,NP, Clara IBEN=Benjamin,TECH, Ivrose JKAL=Kalahar,RN, Joan  
WFER=Fernandez,MD, William

**FLWSHEET**

01/28/2008 20:19:24 BP 133/81  
01/28/2008 20:19:24 PULSE 80  
01/28/2008 20:19:24 RESP 16  
01/28/2008 20:19:24 TEMP 97.9  
01/28/2008 20:19:24 O2 SAT 97





## DEPARTMENT OF EMERGENCY MEDICINE DISCHARGE INSTRUCTIONS RECEIPT

Name: Rollins, James  
Age: 51  
Gender: M  
Medrec: 3574262  
Acct: 159659176  
Attending: CSAF  
Primary Nurse: KCON  
Bed: UC .ROOM 02

### FINAL DIAGNOSIS

R. Knee Sprain

### FOLLOWUP CONTACTS

### THE FOLLOWING SPECIAL INSTRUCTIONS WERE GIVEN

Rest, Ice 3 times a day and elevate.

Ace bandage with knee immobilizer.

Weight Bear as tolerated.

Follow-up with your Primary Care, call in the morning for an appointment, will need an MRI of your knee and/or physical therapy.

Return to the ER if worse or not better in 3-4 days, increase pain, swelling, redness, warm to touch, fever or anything else that worries you.

\*\*\*\*\*Patients Medications Records reviewed and given to patient

### THE FOLLOWING MEDICAL INSTRUCTIONS WERE GIVEN

KNEE SPRAIN

KNEE IMMOBILIZER

CRUTCH WALKING

### THE FOLLOWING PRESCRIPTIONS WERE GIVEN

Ultram : Tablet : 50 mg : Oral

Dispense: 10, Quantity: 1, Schedule: Every 4 Hours as Needed

Ibuprofen : Tablet : 600 mg : Oral

Dispense: 30, Quantity: 1, Schedule: Four Times a Day

Patient Signature

Physician Signature

Boston Medical Center Department of Emergency Medicine

Menino ED: 617-414-4075 Urgent Care: 617-414-5663  
Pediatric ED: 617-414-4991 Newton Pavilion: 617-638-6240  
Psychiatric ED: 617-414-4931 Social Service: 617-638-6830  
Follow-Up Nurse: 617-414-7894 Health Connection: 800-841-4325

159659176

**Boston EMS Patient Care Report**

Incident #: 080280257

PAGE 1

767 Albany Street, Boston, MA 02118 Phone 617-343-2367

Patient: JAMES ROLLINS

INCIDENT		PATIENT	DATES/TIMES	
Incident #	080280257	Patient Name: JAMES ROLLINS	Dispatched	19:48:00, 01/28/2008
Incident Type	INJ3-Injury 3	Sex: M DOB: 08/12/1956 Age: 51YR	Enroute	19:48
Address	8 ALLSTATE RD	Weight: Lang: ENGLISH	At Scene	19:54:00
City,St,Zip	DORCHESTER, MA, 02122	Address: 8 SHABAZZ WY	At Patient	19:54
Loc.Type	COMMERCIAL BUILDING	City,St,Zip ROXBURY, MA	Departed Scene	20:04:00
Loc.UponDisp	ON THE AIR	Pt Ph: [H]617-999-0577	At Destination	20:08:00
Status	PRIORITY 2	SSN: 025-46-5937	In Service	
Agency/Unit	BEMS / A10E	Insur Co: HARVARD PILGRIM	At Quarters	
Shift/Veh	E /		Trip Distance	4 mi
Skillset	BLS			
Crew				
KEVIN COAN, , BLS BLS				
HEATHER A HARTFORD, , BLS BLS				

**H x PRESENT**

Subject	Description / Details
CAUSE	FALL: DISTANCE: STANDING, LANDING SURFACE: CARPET, LANDED ON: KNEE, HELMET USED: NO, PROTECTIVE GEAR: NO, OTHER SAFETY EQUIPMENT: NO, ALCOHOL/DRUGS: NOT SUSPECTED, INTENT: UNINTENTIONAL, WORK RELATED: NO,
COMPLAINT	KNEE PAIN: ONSET: 15 MINUTES AGO, ONSET TYPE: CHRONIC, DURATION: STILL PRESENT, PAIN LEVEL: 9 OF 10, QUALITY: THROBBING,
SYMPTOMS	CANT WALK;

**H x PAST**

Subject	Description / Details
ALLERGIES	DENIES;
MEDS	SIMVASTATIN; LIPITOR;
PREEXIST	HYPERTENSION; CHOLESTEROL - ELEVATED;

**FINDINGS**

Subject	Description / Details
IMPRESSION	MINOR INJURY;
INITIAL	PT FOUND POSITION SITTING; LOC ORIENTATION ORIENTED X 3, AVPU ALERT; AIRWAY STATUS PATENT; BREATH QUALITY NON-LABORED, CHEST WALL EXPANSION EQUAL EXPANSION; CIRCUL STATUS PRESENT, SITE RADIAL, REGULARITY REGULAR, ; GCS SCORE 15,EYES 4-SPONTANEOUS,VERBAL 5-ORIENTED,MOTOR 6-OBEYS COMMANDS; SKIN TEMP NORMAL, COLOR NORMAL, MOISTURE NORMAL;
PHYSICAL	KNEE SWELLING; KNEE BRUISE; KNEE NO SIGN OF DEFORMITY;

**CARE EVENTS**

Time	Subject	Description/Details
		BP P R SpO2 Pos
20:13	TREATMENT	SPLINT, PRE- DISTAL CIRC: PRESENT, PRE- DISTAL MOTOR: PRESENT, PRE- DISTAL SENSATION: PRESENT, LOCATION: (R) KNEE, TYPE: MANNY SPLINT, POST- DISTAL CIRC: PRESENT, POST- DISTAL MOTOR: PRESENT, POST- DISTAL SENSATION: PRESENT,
20:14	VITALS	128/78 80 16

**RESULT****AUTHORIZATION**

Disposition TX / TRANS BY BEMS  
 Destination BMC MENINO  
 Dest.Reason PATIENT / FAMILY CHOICE  
 Trans.Reason NO MEANS OF TRANSPORT  
 Status PRIORITY 3  
 MedCU,Name ,

MEDICI

*Kevin Coan*  
 COAN K, EMT  
 SIGNED

February 13, 2008

Medical Records-Hospital  
1 Boston Medical Place  
Boston, MA 02118  
Phone: 617-638-8000

Page 1  
Chart Document

**JAMES ROLLINS**

Male DOB 08/12/1956

3574262

Home (617)999-0577  
Ins. CIRCUIT (STANDARD)

**01/28/2008 - Radiology Result: KNEE, MINIMUM 4 VIEWS**

**Provider: William Fernandez MD (3187)**

**Location of Care: Boston Medical Center**

Patient: JAMES ROLLINS

Note: All result statuses are Final unless otherwise noted.

Tests: (1) KNEE, MINIMUM 4 VIEWS (KN4)  
KNEE, MINIMUM 4 VIEWS

SEE REPORT

\*\*\* Final Report \*\*\*

BOSTON MEDICAL CENTER  
DEPARTMENT OF RADIOLOGY

Patient Name : ROLLINS , JAMES  
MRN No.: 3574262  
DOB : 08/12/1956

Patient Location: 263  
Ordering MD: WILLIAM FERNANDEZ M.D. 3187  
Date: January 28, 2008

Examination: KNEE, MINIMUM 4 VIEWS - RIGHT Exam Number:8504111

Right knee 1/28/2008

INDICATION: Fall

TECHNIQUE: Frontal, tunnel, lateral and sunrise views of the right knee. No priors.

**FINDINGS:**

There is no fracture or dislocation. There is tricompartmental moderate degenerative change with osteophytes and joint space narrowing. Soft tissues demonstrate a small suprapatellar joint effusion. There are signs of old Osgood Schlatter's disease.

I have reviewed the images and agree with the dictated report.

Dictating MD: BRYAN FOSTER, M.D.  
Electronically Signed By: DOUGLAS KOZA on 01/29/2008 08:34

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.

Document Creation Date: 01/29/2008 8:38 AM

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(1) Order result status: Final

February 13, 2008

Medical Records-Hospital  
1 Boston Medical Place  
Boston, MA 02118  
Phone: 617-638-8000

Page 2  
Chart Document

**JAMES ROLLINS**

Male DOB:08/12/1956

**3574262**

Home: (617)999-0577  
Ins: CIRCUIT (STANDARD)

Collection or observation date-time: 01/28/2008 20:57  
Requested date-time:  
Receipt date-time:  
Reported date-time:  
Referring Physician:  
Ordering Physician: WILLIAM FERNANDEZ (WIFERNAN)  
Specimen Source:  
Source: RAD  
Filler Order Number: 8504111  
Lab site: R

**Filed automatically (without signature) on 01/29/2008 at 8:38 AM**

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**Boston Medical Center**

Menino ED: 840 Harrison Avenue Boston, MA 02188 Newton ED: 88 East Newton Street Boston, MA 02188

Menino ED: 617-414-4075 Urgent Care: 617-411-5663 Pediatrics: 617-414-4991 Newton ED: 617-638-6240

Last Name: Rollins

First Name: James

Initial:

MRN: 3574262

Date: 1/28/2008

Address:

DOB: 08/12/1956

City:

Zip: 02119

Phone: 617999-0577

Rx Ultram Tablet 50 mg Oral

1 tab Every 4 Hours as Needed

As needed for severe pain. Take with food. NO ALCOHOL. No driving. Can make you drowsy.

Dispense: \*\*\*10\*\*\*

Refill: 

Indication for use: \_\_\_\_\_

Signature: 

Clara Safi, NP

DEA MS0912661

Collaborating Provider: 

[signature]

[print]

Rx ID: 20080128201924-1201575697

Interchange is mandated unless the practitioner writes the words "no substitution" in this space \_\_\_\_\_

**Boston Medical Center**

Menino ED: 840 Harrison Avenue Boston, MA 02188 Newton ED: 88 East Newton Street Boston, MA 02188

Menino ED: 617-414-4075 Urgent Care: 617-411-5663 Pediatrics: 617-414-4991 Newton ED: 617-638-6240

Last Name: Rollins

First Name: James

Initial:

MRN: 3574262

Date: 1/28/2008

Address:

DOB: 08/12/1956

City:

Zip: 02119

Phone: 617999-0577

Rx Ibuprofen : Tablet : 600 mg : Oral

1 tab Four Times a Day

Take one tablet every 6 hours for 3 days; then as needed every 6 hours for pain; with food; no alcohol.

Dispense \*\*\*30\*\*\*

Refill

Indication for use:

Signature

Clara Safi, NP

DEA:MS0912661

Collaborating Provider:

[signature]

[print]

Rx ID: 20080128201924-1201575696

Interchange is mandated unless the practitioner writes the words "no substitution" in this space



# **HARVARD VANGUARD MEDICAL ASSOC.**



Routing History Recorded

**Orders**

**URINE DIPSTICK (OFFICE TEST) [81002H] Order #: 135171112**  
**URINE CULTURE [87086A] Order #: 135171113**  
**URINALYSIS W MICROSCOPIC [81001C] Order #: 135171256**  
**CHLAMYDIA/GC URINE DNA [87491Q] Order #: 135171422**

**Results are available for this encounter**

**Lab and Imaging Orders**

	Ordered on
URINE DIPSTICK (OFFICE TEST) - Lab and Imaging Orders	10/16/08
URINE CULTURE - Lab and Imaging Orders	10/16/08
URINALYSIS W MICROSCOPIC - Lab and Imaging Orders	10/16/08
CHLAMYDIA/GC URINE DNA - Lab and Imaging Orders	10/16/08

**Level Of Service**

**EST. PAT. L2, OFFICE VISIT [99212]**

**Chart Reviewed By**

**Eric N. Diamond, MD.** on Fri Oct 17, 2008 8:26 AM

**Closed By**

User	Date
<b>MAYA GINNS NP [13780]</b>	Oct 16, 2008

**Visit Diagnosis Changes**

Added 599.0 by GINNS NP, MAYA (13780), Thu Oct 16, 2008 7:12 PM  
599.0 marked as Primary Diagnosis by GINNS NP, MAYA (13780), Thu Oct 16, 2008 7:13 PM

**James L Rollins**

Encounter #: **115172434**

Description: **52 year old male**

**8/25/2008 10:30 AM Orders**  
**Only**

Provider: **Louis A. Bley, MD**

**MRN: 955973**

Department: **Somerville Adult**  
**Orthopedics**

EpicCare Patient

**Diagnoses**

**TEAR - KNEE, MED MENISCUS [836.0H]**  
**TEAR - KNEE, MED COLLATERAL**  
**LIGAMENT [844.1B]**

**Orders**

**PHYSICAL THERAPY HVMA X-SITE [R5031] Order #: 133617184**

**Visit Diagnosis Changes**

Added 836.0 by SYED, SAIRA (19717), Mon Aug 25, 2008 10:31 AM  
Added 844.1B by SYED, SAIRA (19717), Mon Aug 25, 2008 10:31 AM

**James L Rollins**

Encounter #: **114873108**

Description: **52 year old male**

**8/12/2008 10:28 AM Orders**

Provider: **Unknown Unkn**

Only

Unknown

MRN: 955973

Department:

EpicCare Patient

**Ordered Medications**

	Disp	Refills	Start	End
<b>KETOCONAZOLE 2 % TOPICAL CREAM</b> Sig: apply 1 layer to feet THREE TIMES DAILY	30	0	8/12/2008	
<b>METFORMIN 500 MG TAB</b> Sig: take 1 tablet once daily with breakfast	30	2	8/12/2008	1/15/2009
<b>METOPROLOL SR 25 MG 24 HR TAB</b> <b>(METOPROLOL SUCCINATE)</b> Sig: take 1/2 tablet once daily	15	5	8/12/2008	8/14/2009
<b>LISINAPRIL 20 MG TAB</b> Sig: take 1 tablet once a day	30	5	8/12/2008	8/14/2009
<b>SIMVASTATIN 80 MG TAB</b> Sig: take 1 tablet once daily	30	5	8/12/2008	8/14/2009
<b>NITROGLYCERIN 0.4 MG SUBLINGUAL TAB</b> Sig: place 1 tablet under the tongue every 5 minutes up to 3 times as needed for chest pain call 911 if pain does not resolve	100	2	8/12/2008	

**Closed By**

User	Date
RX SCRIPTS IN INTERFACE [16809]	Aug 12, 2008

**James L Rollins**

Encounter #: 113335618

Description: 52 year old male

8/12/2008 9:10 AM Office Visit

Provider: **Mandeep S. Dhadly, MD**

MRN: 955973

Department: **Kenmore Cardiology, Adult**

EpicCare Patient

**Diagnoses**

**MYOCARDIAL INFARCT, UNSPEC SITE**  
**- SUBSEQ CARE [410.92P] - Primary**  
**HYPERCHOLESTEROLEMIA [272.0BE]**  
**HYPERTENSION - ESSENTIAL, UNSPEC**  
**[401.9CS]**

**Vitals - Last Recorded**

Wt  
247 lb (112.038 kg)

**Progress Notes**

SYSTEM Signed  
52 year old man, pre-op for arthroscopic right knee surgery (meniscal damage). Requested pre-op cardiac evaluation. Admitted BMC 11/4/07 with chest pain, had NSTEMI and cardiac cath showing 70% RCA acute marginal and 50% ostial ramus stenosis. NO PCI performed. Diagnosis given of presumed viral myocarditis. On 11/18/07 admitted BWH with peak troponin 1.59, and repeat cath showed minimal CAD and anterior hypokinesis on LVgram "c/w myocarditis". Another admission to Faulkner Hospital 4/5/08 with gastroenteritis symptoms followed by chest pain. Cardiac enzymes this time were negative, and echocardiogram showed mild concentric LVH, but normal systolic function with LVEF 65%, and no pericardial effusion.  
Patient exercises x1/week riding a bike, but goes less than 1 mile, and walks regularly, no associated chest pain or SOB. No palpitations, dizziness or LOC.

Review of Systems:

Vascular: No LE claudication or ulcers.

Pulmonary: No cough, wheezing, sputum or hemoptysis.

GI: No abdominal pain, nausea, vomiting, diarrhea, constipation, melena or BRBPR.

GU: No frequency, dysuria, or hematuria.

General: No fevers, sweats, chills or weight loss. No bleeding issues.

Neuro: No changes in vision or balance, no weakness of arm or leg.

Musculoskeletal: No joint pain other than right knee, no swelling or stiffness.

Dermatology: No new skin rashes.

PMH:

Patient Active Problem List:

HYPERCHOLESTEROLEMIA [272.0]

HYPERTENSION

FH: Negative for early CAD

SH: No smoking, ETOH or drug abuse. Currently unemployed. Currently getting divorced. Has 3 children.

Meds:

Current outpatient prescriptions prior to encounter:

METOPROLOL SR 25 MG 24 HR TAB, take 1 tablet daily

SIMVASTATIN 80 MG TAB, take 1 tablet at bedtime

LISINAPRIL 20 MG TAB, TAKE ONE TABLET DAILY

ASPIRIN TABLET DR 81MG PO, 1 daily

MULTIVITAMIN CAPSULE PO (MULTIVITAMINS), 1 daily

No Known Allergies.

Physical Examination:

133/86 67/min reg

Mildly overweight man, otherwise normal general examination. HEENT normal. No jaundice, anemia, clubbing, cyanosis, or obvious lymphadenopathy.

Cardiac: Palpation normal. Normal S1 and S2, no added sounds or heart murmurs. JVP not elevated.

Vascular: No prominent abdominal pulsation. No carotid or abdominal bruits.

Pulmonary: Lungs clear to auscultation and percussion.

Abdomen: Not tender. No hepatosplenomegaly. No abnormal masses. Bowel sound normal.

No peripheral edema.

Significant labs/Imaging:

ECG 5/20/08 - NSR. Borderline first degree AV block. Otherwise normal.

CHOL 134 05/01/2008

HDL 37 05/01/2008

LDL 62 05/01/2008

TRIG 175 05/01/2008

Last Exercise test: 06/09/2008

Order: NUCLEAR IMAGING MIBI MULT SPECT 78465

DURATION OF EXERCISE: 9:00

PEAK HEART RATE: 110; 65%AMPHR

PEAK BLOOD PRESSURE: 200/112

PEAK RATE-PRESSURE PRODUCT: 22,000

POST EXERCISE RECOVERY

HR BP O2

Immediate Standing: 93 198/100

1 Minute Recovery: 89 148/88

3 Minutes Recovery: 74 142/82

5 Minutes Recovery: 69 132/80

8 Minutes Recovery: 79 138/80

**IMPRESSION:**

Exercise capacity was normal .

This test was stopped due to right knee pain.

The patient had no chest pain.

There was a blunted heart rate (on Beta blocker) and a hypertensive blood pressure response to exercise.

Arrhythmia developed during recovery consisting of a single premature ventricular contraction.

There were no EKG changes.

The test is negative for ischemia by ECG criteria at the level of stress achieved.

**CONCLUSION :**

The patient's stress test results are normal and consistent with the following:

No evidence of stress-induced ischemia at a moderate cardiac workload.

Normal global LV systolic function.

**Assessment/Plan:**

52 year old man with no significant coronary artery disease, but probable episode of myocarditis last year. He has no angina, and exercise MIBI negative for cardiac ischemia. He has normal LV systolic function, but mild concentric LVH. He is therefore at low risk for proposed knee surgery, and needs no further cardiac evaluation prior to surgery.

In terms of CAD, he has mild angiographic disease, but have advised him regarding advantages of healthy life-style and methods for risk factor modification including diet, exercise and weight loss. I will see him in routine f/u in 4 months.

**Follow-up and Disposition**

Return in about 4 months (around 12/12/2008).

Routing History Recorded

**Referring Provider**

**Eric Diamond, MD.**

**Level Of Service**

**CONSULT: L4 [99244]**

**Chart Reviewed By**

**Eric N. Diamond, MD.** on Tue Aug 12, 2008 7:50 PM

**Closed By**

User	Date
<b>MANDEEP DHADLY MD [19436]</b>	Aug 12, 2008

**Visit Diagnosis Changes**

Added 272.0 by DHADLY MD, MANDEEP (19436), Tue Aug 12, 2008 6:54 PM